

<i>SERFF Tracking Number:</i>	<i>UNSA-126278099</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44162</i>
<i>Company Tracking Number:</i>	<i>AR0912227</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>2010 MedSupp Modernization</i>		
<i>Project Name/Number:</i>	<i>2010 MedSupp Modernization/DEV029633</i>		

Filing at a Glance

Company: USAA Life Insurance Company

Product Name: 2010 MedSupp Modernization SERFF Tr Num: UNSA-126278099 State: Arkansas

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44162
Standard Plans 2010 Closed

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: AR0912227 State Status: Approved-Closed

Filing Type: Form/Rate Reviewer(s): Stephanie Fowler

Authors: Debbie Mann, Rosanna Tenorio Disposition Date: 01/12/2010

Tenorio

Date Submitted: 11/23/2009 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: 2010 MedSupp Modernization

Project Number: DEV029633

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Domicile state is Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 4.22%

Group Market Type:

Filing Status Changed: 01/12/2010

Explanation for Other Group Market Type:

State Status Changed: 01/12/2010

Deemer Date:

Created By: Rosanna Tenorio

Submitted By: Susan Markey

Corresponding Filing Tracking Number:

Filing Description:

RE: USAA Life Insurance Company / NAIC # 200-69663 / FEIN#74-147662

Medicare Supplement Insurance- NAIC Medicare Supplement Insurance Minimum Standards Model Act Filing

2010 Medicare Supplement Modernization- Form/Rate Filing

Form Number	Description	-Status
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MSM933637AR 06-10 Application for Medicare Supplement Insurance -New
 MSM93738AR 06-10 Outline of Coverage -New
 MSM91996ST 06-10 Application Amendment Form -New
 MSM93726AR 06-10 Medicare Supplement Insurance – Plan A -New
 MSM93727AR 06-10 Medicare Supplement Insurance – Plan F -New

The above captioned forms are enclosed for your review and approval. USAA Life Insurance Company is submitting this filing package in order to comply with your adoption of the NAIC Medicare Supplement Insurance Minimum Standards Model Act authorized by the federal Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). In addition we are aware of the GINA requirements (Genetic Information Nondiscrimination Act of 2008), but as we do not use genetic testing or information in our eligibility or underwriting process, we have no action on our part.

We will sell Plan A and Plan F as our “2010” Plans and continue to maintain our existing OBRA 90 contract in force.

The new premiums for our new 2010 Plan A and Plan F are included for review. We have attached the rates, actuarial memorandum, actuarial certification, and Arkansas methodology.

SUMMARY OF FORMS

Usage /explanation are as follows:

1.Application MSM93637AR 06-10 is new.

Used to apply for our Medicare Supplement policies by applicants who are in their first 6 months of Medicare eligibility (open enrollment period).

- Used to apply for our Medicare Supplement policies by applicants who are not in their open enrollment period, or who might have guaranteed issue rights under federal law and Arkansas regulations.
- Used for conversion /exchanges of existing policies.
- Does not contain any preexisting condition or creditable coverage wording since we have eliminated this limitation and no longer apply it to Medicare supplement policies.
- Includes required statements and questions for application forms
- Includes specific questions to determine eligibility for guaranteed issue, medical questions are included to be answered only if an applicant is not in their open enrollment and not determined to be guaranteed issue

2.Outline of Coverage MSM93738AR 06-10 is new.

- The modifications to the Outline of Coverage reflect your adoption of the NAIC Medicare Supplement Insurance Minimum Standards Model requirements.

3.Application Amendment Form MSM91996ST 06-10 is new.

SERFF Tracking Number: UNSA-126278099 State: Arkansas
 Filing Company: USAA Life Insurance Company State Tracking Number: 44162
 Company Tracking Number: AR0912227
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2010 MedSupp Modernization
 Project Name/Number: 2010 MedSupp Modernization/DEV029633

•Used to correct application information, as needed. Will be attached to the policy mailed to the applicant showing the correction made by the applicant.

4.Medicare Supplement Insurance – Plan A MSM93726AR 06-10

•The policy reflect(s) compliance with applicable Arkansas laws and regulations.

5.Medicare Supplement Insurance - Plan F MSM93727AR 06-10

•The policy reflect(s) compliance with applicable Arkansas laws and regulations.

We have marked certain items with brackets to show that the values or wording inside the brackets are subject to change. We have enclosed a Statement of Variability to explain those potential changes.

Company and Contact

Filing Contact Information

Rosanna Tenorio, Compliance Analyst rosanna.tenorio@usaa.com
 9800 Fredericksburg Road 210-844-4376 [Phone]
 A-3-W, Unit 00582 877-461-1148 [FAX]
 San Antonio, TX 78288

Filing Company Information

USAA Life Insurance Company CoCode: 69663 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Life
 San Antonio, TX 78288 Group Name: State ID Number:
 (800) 531-8000 ext. [Phone] FEIN Number: 74-1472662

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>UNSA-126278099</i>	<i>State:</i>	<i>Arkansas</i>
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USAA Life Insurance Company	\$100.00	11/23/2009	32250940

<i>SERFF Tracking Number:</i>	<i>UNSA-126278099</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	01/12/2010	01/12/2010
Approved-Closed	Stephanie Fowler	01/05/2010	01/05/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Sheet - Plan A	Rosanna Tenorio	01/07/2010	01/07/2010
Supporting Document	Flesch Certification	Susan Markey	11/24/2009	11/24/2009

SERFF Tracking Number: *UNSA-126278099* *State:* *Arkansas*
Filing Company: *USAA Life Insurance Company* *State Tracking Number:* *44162*
Company Tracking Number: *AR0912227*
TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* *Sub-TOI:* *MS08I.001 Plan A 2010*
Product Name: *2010 MedSupp Modernization*
Project Name/Number: *2010 MedSupp Modernization/DEV029633*

Disposition

Disposition Date: 01/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

The filing is being approved with the addition of the corrected rate sheet for Plan A.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
USAA Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number:	UNSA-126278099	State:	Arkansas
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TOI:	MS081 Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS081.001 Plan A 2010
Product Name:	2010 MedSupp Modernization		
Project Name/Number:	2010 MedSupp Modernization/DEV029633		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Insurance-Plan A	Approved	Yes
Form	Medicare Supplement Insurance-Plan F	Approved	Yes
Form	Application for Medicare Supplement Insurance	Approved	Yes
Form	Request for Amendment of Medicare Supplement Application	Approved	Yes
Form	Outline of Medicare Supplement Coverage	Approved	Yes
Rate (revised)	Rate Sheet - Plan A	Approved	Yes
Rate	Rate Sheet - Plan A	Replaced	Yes
Rate	Rate Sheet - Plan F	Approved	Yes

SERFF Tracking Number:	UNSA-126278099	State:	Arkansas
Filing Company:	USAA Life Insurance Company	State Tracking Number:	44162
Company Tracking Number:	AR0912227		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	2010 MedSupp Modernization		
Project Name/Number:	2010 MedSupp Modernization/DEV029633		

Disposition

Disposition Date: 01/05/2010

Implementation Date: 06/01/2010

Status: Approved-Closed

Comment: Just a note - Please add the plus sign to the age under the Plan F column on the Premium Information page.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
USAA Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number:	UNSA-126278099	State:	Arkansas
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Supporting Document (revised)	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Insurance-Plan A	Approved	Yes
Form	Medicare Supplement Insurance-Plan F	Approved	Yes
Form	Application for Medicare Supplement Insurance	Approved	Yes
Form	Request for Amendment of Medicare Supplement Application	Approved	Yes
Form	Outline of Medicare Supplement Coverage	Approved	Yes
Rate (revised)	Rate Sheet - Plan A	Approved	Yes
Rate	Rate Sheet - Plan A	Replaced	Yes
Rate	Rate Sheet - Plan F	Approved	Yes

SERFF Tracking Number: UNSA-126278099 State: Arkansas
Filing Company: USAA Life Insurance Company State Tracking Number: 44162
Company Tracking Number: AR0912227
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2010 MedSupp Modernization
Project Name/Number: 2010 MedSupp Modernization/DEV029633

Amendment Letter

Submitted Date: 01/07/2010

Comments:

Thank you for reopening the file. We have added the correct rate sheet for Plan A.

Please contact me if you have any questions at 1-800-531-8722, direct 210-844-4376, or email to rosanna.tenorio@usaa.com.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rate Sheet - Plan A	MSM93726AR 06-10	New		Corrected AR Rate Sheet Plan A.pdf
Corrected AR Rate Sheet Plan A.pdf				

Amendment Letter

Comments:

Changed Items:

Satisfied -Name: Flesch Certification

Certificate of Readability.pdf

SERFF Tracking Number: UNSA-126278099 State: Arkansas

Filing Company: USAA Life Insurance Company State Tracking Number: 44162

Company Tracking Number: AR0912227

TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010

Product Name: 2010 MedSupp Modernization

Project Name/Number: 2010 MedSupp Modernization/DEV029633

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/05/2010	MSM93726 AR 06-10	Policy/Cont Medicare ract/Fratern Supplement al Insurance-Plan A Certificate	Initial		53.000	MSM93726A R 06-10 (Plan A).pdf
Approved 01/05/2010	MSM93727 AR 06-10	Policy/Cont Medicare ract/Fratern Supplement al Insurance-Plan F Certificate	Initial		52.000	MSM93727A R 06-10 (Plan F).pdf
Approved 01/05/2010	MSM93637 AR 06-10	Application/ Application for Enrollment Medicare Form Supplement Insurance	Initial		45.000	MSM93637A R 06-10 (app).pdf
Approved 01/05/2010	MSM91996 ST 06-10	Policy/Cont Request for ract/Fratern Amendment of al Medicare Certificate: Supplement Amendmen Application t, Insert Page, Endorseme nt or Rider	Initial		82.000	MSM91996S T 06-10 (amend).pdf
Approved 01/05/2010	MSM93738 AR 06-10	Outline of Coverage Outline of Medicare Supplement Coverage	Initial		51.000	MSM93738 06-10 (OOC).pdf



9800 Fredericksburg Road
San Antonio, Texas 78288

USAA LIFE INSURANCE COMPANY
(A Stock Company)

MEDICARE SUPPLEMENT INSURANCE -- PLAN A

This policy is issued in consideration of the application and payment of the premiums as provided.

This Medicare Supplement insurance policy is a legal contract between the Owner and the Company. **READ YOUR POLICY CAREFULLY.** Its terms are contained on this page and those which follow. **See INDEX on Page 2 and DEFINITIONS on Page 5.**

Signed for the Company.

Russell A. Evenson
President

Mark S. Howard
Secretary

NOTICE:

This Notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

Arkansas Insurance Department
Consumer Services Division
[1200 West Third Street
Little Rock, Arkansas 72201
1-800-852-5494]

OR

USAA Life Insurance Company
[9800 Fredericksburg Road
San Antonio, Texas 78288
1-800-292-8556].

IMPORTANT NOTICE

You have 30 days to look over this policy. If you return it within 30 days of receipt, we will give your money back. The policy will then be void, as if it had never been issued.

GUARANTEED RENEWABLE

We guarantee to renew this policy during your lifetime. This renewal guarantee is subject to the payment of the renewal premium by the due date or within the 31-day grace period. Renewal premiums will be those premiums under our current table of premium rates in effect on the due date of the renewal premium.

THIS POLICY IS SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS

We will not change the premium unless we change the premium for all Insureds in the same premium class. (See the **Adjustment of Premiums** provision in the **PREMIUMS** section for details.)

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

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Any endorsements, restrictions, riders, or additional benefits follow Page 11.

CONTRACT DATA SCHEDULE

USAA NUMBER - [1234 56 78]

POLICY NUMBER - [W1234567890]

POLICY EFFECTIVE DATE - [JUNE 1, 2005]

INSURED - [JOHN DOE]

DATE OF BIRTH - [MAY 15, 1940]

AGE - [65]

GENDER - [MALE,FEMALE]

SMOKER - [No,Yes,N/A]

POLICYOWNER - [JOHN M. DOE]

FORM NUMBERS	DESCRIPTION
[MSM93726AR 06-10]	[MEDICARE SUPPLEMENT PLAN A]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]

PREMIUM SCHEDULE

USAA NUMBER - [1234 56 78]

POLICY NUMBER - [W1234567890]

INITIAL PREMIUM:

QUARTERLY

[\$257.28]

MONTHLY
(AUTOMATIC PAYMENT PLAN)

[\$85.97]

CURRENT FREQUENCY
OF PAYMENT

[MONTHLY APP]

PREMIUM CLASS:

[Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form.]

PREMIUM AGE BRACKET:

[Premium Age Brackets for this insurance are: Age 65 and over.]

ADJUSTMENT OF PREMIUM NOTICE PERIOD – [30] DAYS

DEFINITIONS

Adjustment of Premium Notice Period	The amount of notice we will provide for change in the premium. It is shown on the PREMIUM SCHEDULE page.
Benefit Period	<p>A Benefit Period as determined by Medicare and described below.</p> <ol style="list-style-type: none">1. Medicare Part A Benefit Period - A Benefit Period that starts the first time the Insured enters a Hospital after the Insured's Medicare Part A insurance begins. That Benefit Period ends when, for 60 days in a row, the Insured has been out of a Hospital or other facility that primarily provides skilled nursing or rehabilitation services. A new Benefit Period would start the next time the Insured goes into a Hospital.2. Medicare Part B Benefit Period - The calendar year (January 1 through December 31).
Confined, Confinement	Being a patient for at least one 24-hour day in a Hospital or Skilled Nursing Facility.
Hospital	An institution that provides care for which Medicare pays Hospital benefits.
Insured	The person insured under this policy, as shown on the CONTRACT DATA SCHEDULE page.
Medicare	The Health Insurance for the Aged Act, Title XVIII of the Social Security Act of 1965, as then passed and later amended, and any rules and regulations authorized by the Act.
Medicare Approved Charges, Medicare Eligible Expenses	Expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare, even if less than the actual charges.
Medicare Part A Deductible	The amount Medicare does not pay during the first 60 days of Confinement in a Medicare Part A Benefit Period.
Medicare Part B Deductible	The initial amount Medicare does not pay each calendar year for Part B expenses.
Physician	A physician or surgeon, or any other health care provider who is legally licensed and recognized by Medicare.
Policy Effective Date	The date the policy is first issued to you. It is also the date the Insured's insurance coverage starts. It is shown on the CONTRACT DATA SCHEDULE page.
Owner	The person shown on the CONTRACT DATA SCHEDULE page and entitled to ownership rights stated in this policy.
Skilled Nursing Facility	An institution that provides skilled nursing care for which Medicare pays benefits.
United States	All 50 states; the District of Columbia; Puerto Rico; the U.S. Virgin Islands; Guam; American Samoa; and the Northern Mariana Islands.
We, Our, Us, Company	USAA Life Insurance Company.
Written Request	A request written to us and received by us, including an electronic request. That request must be signed, dated, and notarized (if required by the form) on a form satisfactory to us or provided by us.
You, Your	The Owner.

GENERAL PROVISIONS

Assignment	<p>Only you or the Insured may assign the benefits of this policy and then only to the Physician, care provider, or institution providing the care for which benefits are paid.</p> <p>We will not be responsible for the validity or sufficiency of any assignment. To be binding on us, an executed assignment must be by Written Request.</p>
Choice of Law	<p>This policy will be governed by the laws of the state in which it is delivered.</p>
Eligibility	<p>The Insured must be age 65 or over and must have both Parts A and B of Medicare. A person who is less than age 65 may be insured if the person is eligible for Medicare because of disability and we are required by law to provide coverage. This person must have both Parts A and B of Medicare to be an Insured.</p> <p>Coverage starts on the Policy Effective Date shown on the CONTRACT DATA SCHEDULE page.</p>
Entire Contract	<p>The entire contract consists of:</p> <ol style="list-style-type: none">1. This policy; and2. Any application (including supplemental or reinstatement applications), amendment, benefit schedule, rider, endorsement, or revised CONTRACT DATA SCHEDULE or PREMIUM SCHEDULE page(s) which are attached or mailed to your last known address. <p>Only an officer of the Company can agree to change or waive any provisions which are part of the entire contract. The change or waiver must be in writing.</p>
Incontestability	<p>We will not contest this policy based on statements made in an application after this policy has been in effect during the Insured's lifetime for 2 years from the Effective Date. We can contest its validity at any time for fraud or for failure to pay premiums. While this policy is contestable, the Company may rescind the policy or deny a claim on the basis of a material misstatement in the application.</p>
Misstatement of Age	<p>If the Insured's birth date has been misstated, we will adjust the benefits that are paid. The premium that should have been paid will be subtracted from the benefits that are paid. Future premium notices will be changed to bill for the correct amount of premium.</p> <p>If, because of a misstatement of birth date, a person is insured prior to age 65, and we are not required by law to provide coverage prior to age 65, then coverage will not take effect until the Insured is age 65. We will refund to you any premium paid to us before the Insured reaches age 65.</p>
Notice and Waiver	<p>Our acknowledgment of the receipt of any notice given under this policy, the furnishing of forms for filing a claim, the acceptance of such claim forms, or the investigation of any claim shall not operate as a waiver of any of our rights in defense of any claim under this policy.</p>
Payments	<p>All payments we make will be by check or draft in United States currency and will be sent to the recipient's last known address.</p>
Periods of Insurance	<p>All periods of insurance begin and end at 12:01 a.m. at your residence. Insurance is effective only for the period of time for which premium has been paid.</p>

GENERAL PROVISIONS (*Cont'd*)

Representations

We will rely on all statements made in an application. We will consider such statements to be representations and not warranties. We will not use any statement in defense of a claim unless that statement is made in an application which is part of the entire contract.

Termination of Policy

Coverage under this policy will end at the earliest of the following events:

1. The Insured dies.
2. The grace period ends without receipt of the required payment.
3. The date you tell us to cancel your insurance, but not earlier than the date we receive your request.

Termination of the policy will not affect any continuous loss which began while the policy was in force. We will pay benefits after the date of termination as long as the Insured continues to be totally disabled. We will not consider the receipt of Medicare Part D benefits in determining whether there is a continuous loss. Benefits will stop at the earliest of the following events:

1. The Insured is no longer totally disabled.
2. The Benefit Period in effect on the date of termination ends.
3. We have paid the maximum benefit amount under the policy.

BENEFITS

Basic Benefits

1. Benefits Supplementing Medicare Part A (Hospital Insurance)

If the Insured is Confined in a Hospital and if the Confinement is covered by Medicare:

- a. We will pay the Medicare Part A copayment amount that applies to the 61st through the 90th day of the Insured's Confinement in a Hospital during each Benefit Period.
- b. We will pay the Medicare Part A copayment amount that applies to a day of the Insured's Medicare lifetime reserve of 60 days when each day is used. If the Insured chooses not to use his or her reserve days, we will pay the same amount that we would have paid had the reserve days been used.
- c. We will pay for all of the Medicare Eligible Expenses for each day the Insured is Confined in a Hospital up to a lifetime maximum benefit of an additional 365 days. We will make payment at the applicable prospective payment system rate, or other appropriate Medicare standard of payment. The Hospital and/or Physician shall accept our payment in full and may not bill you for any balance.

This benefit will start on the earliest of:

- 1) the Insured's 151st day of Confinement;
 - 2) the day the Insured's Medicare 60-day lifetime reserve is exhausted;
 - 3) the Insured's 91st day of Confinement if the Insured has exhausted the Medicare 60-day lifetime reserve;
 - 4) the day the Insured would have exhausted the Medicare 60-day lifetime reserve had it been used.
- d. We will pay the cost for the first 3 pints of blood or equivalent quantities of packed red blood cells that the Insured receives each calendar year unless the blood is replaced in accordance with Medicare regulations. We will not pay for blood under this benefit if the Insured's annual Medicare blood deductible has already been paid for under Benefits Supplementing Medicare Part B (Medical Insurance).

Hospice Care: If the Insured meets Medicare's requirements including a doctor's certification of terminal illness, we will pay the copayment and coinsurance for all Part A Medicare eligible hospice care and respite care expenses.

BENEFITS (*Cont'd*)

Basic Benefits (*cont'd*)

2. Benefits Supplementing Medicare Part B (Medical Insurance)

Each calendar year, if the Insured receives health care of a kind covered by Part B of Medicare:

- a. We will pay the cost for the first 3 pints of blood or equivalent quantities of packed red blood cells that the Insured receives as an outpatient each calendar year unless the blood is replaced in accordance with Medicare regulations. We will not pay for blood under this benefit if the Insured's annual Medicare blood deductible has already been paid for under Benefits Supplementing Medicare Part A (Hospital Insurance).
- b. We will pay the coinsurance amount (or, in the case of hospital outpatient department services under a prospective payment system, the copayment amount) of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B Deductible. We will not pay this benefit if Medicare has paid the entire Medicare Approved Charge.

Changes to Benefits

We will change the benefits under this policy to coincide with any changes in the applicable Medicare deductible and copayment amounts. Changes to Medicare may affect your premium.

Exclusions

This policy does not cover or pay for any of the following:

1. Any Hospital, Skilled Nursing Facility or other health care institution Confinement that is not covered under Medicare or for which Medicare makes no payment, except as may otherwise be provided in this policy.
2. Any health care treatment, service, or supply that is not covered under Medicare or for which Medicare makes no payment, except as may otherwise be provided in this policy.
3. Any benefits which duplicate benefits provided by Medicare.
4. Any charge that a person is not legally obligated to pay or that would not be made in the absence of insurance.

CLAIMS

Claim Forms

We will give you claim forms when this policy is issued. If more forms are needed, we will provide them upon request.

Claim Submission

A written claim for benefits must be sent to us within 90 days after the date the Insured receives covered care. If it is not reasonably possible to submit the claim within this period, the claim must be filed as soon as it is possible. We will not pay any claim that we do not receive within 1 year and 90 days after the Insured receives covered care, unless you are legally incapacitated.

If we don't give you claim forms within 15 days after we receive your notice of a claim, we will consider that you have met the claim submission requirements stated above if you meet the following conditions:

1. You submit to us written proof covering the occurrence, the nature, and extent of the loss for which your claim is made; and
2. You submit such written proof within the time stated above for claim submission.

CLAIMS (Cont'd)

Claim Submission (cont'd)

Your Physician, health care provider or institution providing the care for which benefits are paid will usually submit the billed charges for any medical or Hospital expenses you incur to Medicare electronically. Medicare then processes the benefits for expenses eligible under Medicare Part A and/or Medicare Part B, and then passes your claim electronically to us for consideration of benefits under this policy. We will accept Medicare's electronic submission of your claim to us as your claim for benefits.

We reserve the right to request any medical records that relate to a claim for benefits. If we ask for such records and do not receive them, we will not pay benefits. The claim will be processed for payment only when we have received and reviewed the requested records.

Payment of Benefits

Payment of benefits will be made at our Home Office.

We will require:

1. That the Insured receive covered care while this policy is in effect;
2. The Centers for Medicare & Medicaid Services' Summary Notice form, unless the claim is for health care covered by this policy but not covered by Medicare; and
3. A Written Request for the benefits.

Subject to any assignment, any benefits due will be paid to the next person living in the order which follows:

1. The Owner.
2. The Owner's spouse.
3. The Owner's estate if the Owner is no longer living.

We may, however, pay up to \$1,000 to any relative by blood or connection by marriage of the Insured if we find they are entitled to payment. Our obligation will be reduced by the amount of this payment.

Physical Examinations

While a claim is pending, we have the right to have the Insured examined when and as often as we feel is reasonable and necessary. We will pay for any such examination.

Time of Payment

We will pay all claims due as soon as we have valid written proof of the loss. For a continuing Confinement, we will not pay more often than monthly.

Legal Actions

You must wait at least 60 days after filing a claim with us before you can bring a legal action to recover on this policy. You cannot bring a legal action to recover on this policy more than 3 years after the date a claim is filed with us.

PREMIUMS

Premium Payments

The Initial Premium is due on the Policy Effective Date and must be paid while the Insured is alive and before any insurance coverage becomes effective.

All premium payments:

1. Must be paid on or before their due date.
2. Must be paid to us at our Home Office or any administrative office that we maintain.
3. Must be in the currency of the United States of America.
4. May be made by currently dated check or money order made payable to USAA Life Insurance Company, or any other method we accept.

We will issue a receipt upon request.

PREMIUMS (*Cont'd*)

Premium Payments (<i>cont'd</i>)	If the check or other instrument provided for payment of the Initial Premium is not honored, this policy will be deemed void from the beginning. A check or other instrument provided for payment of any premium, which is not honored, will not be considered a payment.
Adjustment of Premiums	The premium is determined by the Premium Class of the Insured as shown on the PREMIUM SCHEDULE page. The premium may change because we change the premium for all Insureds in the same Premium Class who are insured under the same policy form. We will give you notice of a change in premium prior to the date the premium is due. The Adjustment of Premium Notice Period is shown on the PREMIUM SCHEDULE page.
Frequency of Premium Payments	Premiums may be paid at quarterly or monthly intervals, or any other frequency we approve. The charge for different premium payment intervals is shown on the PREMIUM SCHEDULE page. We must consent to any change that results in a premium of less than \$25.
Grace Period	<p>We will allow a 31-day grace period after the premium due date to pay each premium after the Initial Premium. The policy remains in effect during any grace period unless terminated under another policy provision. If a premium is not paid by the end of the grace period, the policy will terminate as of the premium due date. As used here, "premium" means the premium actually billed in the premium notice.</p> <p>If the Insured receives covered care during the grace period, we will reduce any benefits paid for such care by the amount of the premium due.</p>
Refund of Unearned Premium	Upon receipt of written notice of the death of the Insured, we will refund to you the premium paid that applies to that person for any period beyond the end of the policy month in which such death occurred.

REINSTATEMENT

Reinstatement Requirements	<p>If this policy terminates as provided in the Grace Period provision, it may be reinstated at our option. "Reinstatement" means to put this policy's coverage back into effect.</p> <p>We will require:</p> <ol style="list-style-type: none">1. Written application for reinstatement;2. Evidence satisfactory to us that the Insured is insurable; and3. Payment of 2 months' premium.
Effective Date of Reinstatement	<p>Except as provided below, the effective date of reinstatement will be the later of:</p> <ol style="list-style-type: none">1. The date we approve the application for reinstatement; or2. The date we receive any required payment. <p>If you send your completed application, proof that the Insured is insurable, and the correct premium, and we fail to acknowledge your application for reinstatement, your insurance will be reinstated automatically on the 45th day after we receive the last of these requirements.</p>

REINSTATEMENT (*Cont'd*)

Effective Date of Reinstatement (*cont'd*)

When the reinstatement becomes effective, we will mail to you at your last known address:

1. A copy of the reinstatement application showing the effective date of reinstatement; and
2. A copy of any supplemental application which may have been required as evidence of insurability.

Coverage After Reinstatement

If this policy is reinstated, the Insured will be covered only for:

1. accidental injury sustained after the date we approve reinstatement; and
2. sickness that begins more than 10 days after the date we approve reinstatement.

In all other respects the same rights shall exist as existed under the policy immediately before the due date of the defaulted premium. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

SUSPENSION OF COVERAGE

Suspension Due to Medicaid Eligibility

If the Insured becomes entitled to medical assistance under Title XIX of the Social Security Act, you may request that the policy be suspended. You must notify us in writing within 90 days after the date the Insured becomes entitled to such assistance. If we receive timely notice, we will suspend the benefits and premiums under the policy for up to 24 months. We will return to you the premium that applies to the period of Medicaid eligibility.

If the Insured loses the right to Medicaid while this policy is suspended, we will automatically reinstitute the policy. The effective date of the reinstituted coverage will be the date the Insured lost the right to Medicaid. You must notify us in writing within 90 days after the date the Insured loses the right to Medicaid. You must also pay the premium due from the effective date of the reinstituted coverage.

Preexisting conditions will be covered. The Insured's premium will be determined as if the policy had not been suspended.

Suspension Due to Group Health Coverage

If the Insured is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act), you may request that the policy be suspended. Upon receipt of your Written Request, we will suspend the benefits and premiums under the policy for the period provided by federal regulation.

If the Insured loses coverage under the group health plan while this policy is suspended, we will automatically reinstitute the policy. The effective date of the reinstituted coverage will be the date the Insured lost coverage under the group health plan. You must notify us in writing within 90 days after the date the Insured loses group health plan coverage. You must also pay the premium due from the effective date of the reinstituted coverage.

Preexisting conditions will be covered. The Insured's premium will be determined as if the policy had not been suspended.

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9800 Fredericksburg Road
San Antonio, Texas 78288

MEDICARE SUPPLEMENT INSURANCE -- PLAN A



9800 Fredericksburg Road
San Antonio, Texas 78288

USAA LIFE INSURANCE COMPANY
(A Stock Company)

MEDICARE SUPPLEMENT INSURANCE -- PLAN F

This policy is issued in consideration of the application and payment of the premiums as provided.

This Medicare Supplement insurance policy is a legal contract between the Owner and the Company. **READ YOUR POLICY CAREFULLY.** Its terms are contained on this page and those which follow. **See INDEX on Page 2 and DEFINITIONS on Page 5.**

Signed for the Company.

Russell A. Evenson
President

Mark S. Howard
Secretary

NOTICE:

This Notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
1-800-852-5494

OR

USAA Life Insurance Company
9800 Fredericksburg Road
San Antonio, Texas 78288
1-800-292-8556.

IMPORTANT NOTICE

You have 30 days to look over this policy. If you return it within 30 days of receipt, we will give your money back. The policy will then be void, as if it had never been issued.

GUARANTEED RENEWABLE

We guarantee to renew this policy during your lifetime. This renewal guarantee is subject to the payment of the renewal premium by the due date or within the 31-day grace period. Renewal premiums will be those premiums under our current table of premium rates in effect on the due date of the renewal premium.

THIS POLICY IS SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS

We will not change the premium unless we change the premium for all Insureds in the same premium class. (See the **Adjustment of Premiums** provision in the **PREMIUMS** section for details.)

NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

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Any endorsements, restrictions, riders, or additional benefits follow Page 12.

CONTRACT DATA SCHEDULE

USAA NUMBER - [1234 56 78]

POLICY NUMBER - [W1234567890]

POLICY EFFECTIVE DATE - [JUNE 1, 2005]

INSURED - [JOHN DOE]

DATE OF BIRTH - [MAY 15, 1940]

AGE - [65]

GENDER - [MALE,FEMALE]

SMOKER - [No,Yes,N/A]

POLICYOWNER - [JOHN M. DOE]

FORM NUMBERS	DESCRIPTION
[MSM93727AR 06-10]	[MEDICARE SUPPLEMENT PLAN F]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]

PREMIUM SCHEDULE

USAA NUMBER - [1234 56 78]

POLICY NUMBER - [W1234567890]

INITIAL PREMIUM:

QUARTERLY

[\$257.28]

MONTHLY
(AUTOMATIC PAYMENT PLAN)

[\$85.97]

CURRENT FREQUENCY
OF PAYMENT

[MONTHLY APP]

PREMIUM CLASS:

[Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form.]

PREMIUM AGE BRACKET:

[Premium Age Brackets for this insurance are: Age 65 and over.]

ADJUSTMENT OF PREMIUM NOTICE PERIOD – [30] DAYS

DEFINITIONS

Adjustment of Premium Notice Period	The amount of notice we will provide for change in the premium. It is shown on the PREMIUM SCHEDULE page.
Benefit Period	<p>A Benefit Period as determined by Medicare and described below.</p> <ol style="list-style-type: none">1. Medicare Part A Benefit Period - A Benefit Period that starts the first time the Insured enters a Hospital after the Insured's Medicare Part A insurance begins. That Benefit Period ends when, for 60 days in a row, the Insured has been out of a Hospital or other facility that primarily provides skilled nursing or rehabilitation services. A new Benefit Period would start the next time the Insured goes into a Hospital.2. Medicare Part B Benefit Period - The calendar year (January 1 through December 31).
Confined, Confinement	Being a patient for at least one 24-hour day in a Hospital or Skilled Nursing Facility.
Hospital	An institution that provides care for which Medicare pays Hospital benefits.
Insured	The person insured under this policy, as shown on the CONTRACT DATA SCHEDULE page.
Medicare	The Health Insurance for the Aged Act, Title XVIII of the Social Security Act of 1965, as then passed and later amended, and any rules and regulations authorized by the Act.
Medicare Approved Charges, Medicare Eligible Expenses	Expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare, even if less than the actual charges.
Medicare Part A Deductible	The amount Medicare does not pay during the first 60 days of Confinement in a Medicare Part A Benefit Period.
Medicare Part B Deductible	The initial amount Medicare does not pay each calendar year for Part B expenses.
Physician	A physician or surgeon, or any other health care provider who is legally licensed and recognized by Medicare.
Policy Effective Date	The date the policy is first issued to you. It is also the date the Insured's insurance coverage starts. It is shown on the CONTRACT DATA SCHEDULE page.
Owner	The person shown on the CONTRACT DATA SCHEDULE page and entitled to ownership rights stated in this policy.
Skilled Nursing Facility	An institution that provides skilled nursing care for which Medicare pays benefits.
United States	All 50 states; the District of Columbia; Puerto Rico; the U.S. Virgin Islands; Guam; American Samoa; and the Northern Mariana Islands.
We, Our, Us, Company	USAA Life Insurance Company.
Written Request	A request written to us and received by us, including an electronic request. That request must be signed, dated, and notarized (if required by the form) on a form satisfactory to us or provided by us.
You, Your	The Owner.

GENERAL PROVISIONS

Assignment	<p>Only you or the Insured may assign the benefits of this policy and then only to the Physician, care provider, or institution providing the care for which benefits are paid.</p> <p>We will not be responsible for the validity or sufficiency of any assignment. To be binding on us, an executed assignment must be by Written Request.</p>
Choice of Law	<p>This policy will be governed by the laws of the state in which it is delivered.</p>
Eligibility	<p>The Insured must be age 65 or over and must have both Parts A and B of Medicare. A person who is less than age 65 may be insured if the person is eligible for Medicare because of disability and we are required by law to provide coverage. This person must have both Parts A and B of Medicare to be an Insured.</p> <p>Coverage starts on the Policy Effective Date shown on the CONTRACT DATA SCHEDULE page.</p>
Entire Contract	<p>The entire contract consists of:</p> <ol style="list-style-type: none">1. This policy; and2. Any application (including supplemental or reinstatement applications), amendment, benefit schedule, rider, endorsement, or revised CONTRACT DATA SCHEDULE or PREMIUM SCHEDULE page(s) which are attached or mailed to your last known address. <p>Only an officer of the Company can agree to change or waive any provisions which are part of the entire contract. The change or waiver must be in writing.</p>
Incontestability	<p>We will not contest this policy based on statements made in an application after this policy has been in effect during the Insured's lifetime for 2 years from the Effective Date. We can contest its validity at any time for fraud or for failure to pay premiums. While this policy is contestable, the Company may rescind the policy or deny a claim on the basis of a material misstatement in the application.</p>
Misstatement of Age	<p>If the Insured's birth date has been misstated, we will adjust the benefits that are paid. The premium that should have been paid will be subtracted from the benefits that are paid. Future premium notices will be changed to bill for the correct amount of premium.</p> <p>If, because of a misstatement of birth date, a person is insured prior to age 65, and we are not required by law to provide coverage prior to age 65, then coverage will not take effect until the Insured is age 65. We will refund to you any premium paid to us before the Insured reaches age 65.</p>
Notice and Waiver	<p>Our acknowledgment of the receipt of any notice given under this policy, the furnishing of forms for filing a claim, the acceptance of such claim forms, or the investigation of any claim shall not operate as a waiver of any of our rights in defense of any claim under this policy.</p>
Payments	<p>All payments we make will be by check or draft in United States currency and will be sent to the recipient's last known address.</p>
Periods of Insurance	<p>All periods of insurance begin and end at 12:01 a.m. at your residence. Insurance is effective only for the period of time for which premium has been paid.</p>

GENERAL PROVISIONS (*Cont'd*)

Representations

We will rely on all statements made in an application. We will consider such statements to be representations and not warranties. We will not use any statement in defense of a claim unless that statement is made in an application which is part of the entire contract.

Termination of Policy

Coverage under this policy will end at the earliest of the following events:

1. The Insured dies.
2. The grace period ends without receipt of the required payment.
3. The date you tell us to cancel your insurance, but not earlier than the date we receive your request.

Termination of the policy will not affect any continuous loss which began while the policy was in force. We will pay benefits after the date of termination as long as the Insured continues to be totally disabled. We will not consider the receipt of Medicare Part D benefits in determining whether there is a continuous loss. Benefits will stop at the earliest of the following events:

1. The Insured is no longer totally disabled.
2. The Benefit Period in effect on the date of termination ends.
3. We have paid the maximum benefit amount under the policy.

BENEFITS

Basic Benefits

1. Benefits Supplementing Medicare Part A (Hospital Insurance)

If the Insured is Confined in a Hospital and if the Confinement is covered by Medicare:

- a. We will pay the Medicare Part A copayment amount that applies to the 61st through the 90th day of the Insured's Confinement in a Hospital during each Benefit Period.
- b. We will pay the Medicare Part A copayment amount that applies to a day of the Insured's Medicare lifetime reserve of 60 days when each day is used. If the Insured chooses not to use his or her reserve days, we will pay the same amount that we would have paid had the reserve days been used.
- c. We will pay for all of the Medicare Eligible Expenses for each day the Insured is Confined in a Hospital up to a lifetime maximum benefit of an additional 365 days. We will make payment at the applicable prospective payment system rate, or other appropriate Medicare standard of payment. The Hospital and/or Physician shall accept our payment in full and may not bill you for any balance.

This benefit will start on the earliest of:

- 1) the Insured's 151st day of Confinement;
 - 2) the day the Insured's Medicare 60-day lifetime reserve is exhausted;
 - 3) the Insured's 91st day of Confinement if the Insured has exhausted the Medicare 60-day lifetime reserve;
 - 4) the day the Insured would have exhausted the Medicare 60-day lifetime reserve had it been used.
- d. We will pay the cost for the first 3 pints of blood or equivalent quantities of packed red blood cells that the Insured receives each calendar year unless the blood is replaced in accordance with Medicare regulations. We will not pay for blood under this benefit if the Insured's annual Medicare blood deductible has already been paid for under Benefits Supplementing Medicare Part B (Medical Insurance).

Hospice Care: If the Insured meets Medicare's requirements including a doctor's certification of terminal illness, we will pay the copayment and coinsurance for all Part A Medicare eligible hospice care and respite care expenses.

BENEFITS (Cont'd)

Basic Benefits (cont'd)

2. Benefits Supplementing Medicare Part B (Medical Insurance)

Each calendar year, if the Insured receives health care of a kind covered by Part B of Medicare:

- a. We will pay the cost for the first 3 pints of blood or equivalent quantities of packed red blood cells that the Insured receives as an outpatient each calendar year unless the blood is replaced in accordance with Medicare regulations. We will not pay for blood under this benefit if the Insured's annual Medicare blood deductible has already been paid for under Benefits Supplementing Medicare Part A (Hospital Insurance).
- b. We will pay the coinsurance amount (or, in the case of hospital outpatient department services under a prospective payment system, the copayment amount) of Medicare Eligible Expenses under Part B regardless of Hospital Confinement. We will not pay this benefit if Medicare has paid the entire Medicare Approved Charge.

Additional Benefits

1. Additional Benefits Supplementing Medicare Part A (Hospital Insurance)

If the Insured is Confined in a Hospital or a Skilled Nursing Facility, and if the Confinement is covered by Part A of Medicare:

- a. We will pay the Medicare Part A Deductible that applies to the first 60 days of the Insured's Confinement in a Hospital during each Benefit Period.
- b. We will pay the Medicare Part A copayment amount that applies to the 21st through the 100th day of the Insured's Confinement in a Skilled Nursing Facility during each Benefit Period.

2. Additional Benefits Supplementing Medicare Part B (Medical Insurance)

Each calendar year, if the Insured receives health care of a kind covered by Part B of Medicare:

- a. We will pay the Medicare Part B Deductible.
- b. We will pay 100% of the difference between the actual Medicare Part B charge, as billed, and the Medicare Approved Charge. We will pay this benefit only if the Physician or provider does not accept the Medicare Approved Charge as full payment. We do not cover any part of the actual charge that exceeds charge limitations set by Medicare or state law.

3. Other Benefits

a. Emergency Care in a Foreign Country

Medicare generally does not pay for Hospital or medical care outside the United States. When Medicare does not pay, this coverage may help.

We will pay 80% of the billed charge for Medicare Eligible Expenses for health care provided in a foreign country to the Insured only if all of the following conditions are met:

- 1) The care is not covered by Medicare because it was received outside the United States.
- 2) The care would have been covered by Medicare if provided in the United States.
- 3) The care is medically necessary.
- 4) The care is needed immediately because of an injury or an illness of sudden and unexpected onset.
- 5) The care begins during the first 60 consecutive days of each trip outside the United States.
- 6) The Insured has satisfied this policy's annual \$250.00 calendar year deductible for this benefit.
- 7) The Insured has not exceeded the \$50,000.00 lifetime maximum for this benefit.

BENEFITS (*Cont'd*)

Additional Benefits (*cont'd*)

Benefits for care in foreign countries are payable only in United States dollars. The amount of payment will be based on the bank transfer exchange rate in effect on the day we process the claim for payment.

Changes to Benefits

We will change the benefits under this policy to coincide with any changes in the applicable Medicare deductible and copayment amounts. Changes to Medicare may affect your premium.

Exclusions

This policy does not cover or pay for any of the following:

1. Any Hospital, Skilled Nursing Facility or other health care institution Confinement that is not covered under Medicare or for which Medicare makes no payment, except as may otherwise be provided in this policy.
2. Any health care treatment, service, or supply that is not covered under Medicare or for which Medicare makes no payment, except as may otherwise be provided in this policy.
3. Any benefits which duplicate benefits provided by Medicare.
4. Any charge that a person is not legally obligated to pay or that would not be made in the absence of insurance.

CLAIMS

Claim Forms

We will give you claim forms when this policy is issued. If more forms are needed, we will provide them upon request.

Claim Submission

A written claim for benefits must be sent to us within 90 days after the date the Insured receives covered care. If it is not reasonably possible to submit the claim within this period, the claim must be filed as soon as it is possible. We will not pay any claim that we do not receive within 1 year and 90 days after the Insured receives covered care, unless you are legally incapacitated.

If we don't give you claim forms within 15 days after we receive your notice of a claim, we will consider that you have met the claim submission requirements stated above if you meet the following conditions:

1. You submit to us written proof covering the occurrence, the nature, and extent of the loss for which your claim is made; and
2. You submit such written proof within the time stated above for claim submission.

Your Physician, health care provider or institution providing the care for which benefits are paid will usually submit the billed charges for any medical or Hospital expenses you incur to Medicare electronically. Medicare then processes the benefits for expenses eligible under Medicare Part A and/or Medicare Part B, and then passes your claim electronically to us for consideration of benefits under this policy. We will accept Medicare's electronic submission of your claim to us as your claim for benefits.

We reserve the right to request any medical records that relate to a claim for benefits. If we ask for such records and do not receive them, we will not pay benefits. The claim will be processed for payment only when we have received and reviewed the requested records.

CLAIMS (Cont'd)

Payment of Benefits

Payment of benefits will be made at our Home Office.

We will require:

1. That the Insured receive covered care while this policy is in effect;
2. The Centers for Medicare & Medicaid Services' Summary Notice form, unless the claim is for health care covered by this policy but not covered by Medicare; and
3. A Written Request for the benefits.

Subject to any assignment, any benefits due will be paid to the next person living in the order which follows:

1. The Owner.
2. The Owner's spouse.
3. The Owner's estate if the Owner is no longer living.

We may, however, pay up to \$1,000 to any relative by blood or connection by marriage of the Insured if we find they are entitled to payment. Our obligation will be reduced by the amount of this payment.

Physical Examinations

While a claim is pending, we have the right to have the Insured examined when and as often as we feel is reasonable and necessary. We will pay for any such examination.

Time of Payment

We will pay all claims due as soon as we have valid written proof of the loss. For a continuing Confinement, we will not pay more often than monthly.

Legal Actions

You must wait at least 60 days after filing a claim with us before you can bring a legal action to recover on this policy. You cannot bring a legal action to recover on this policy more than 3 years after the date a claim is filed with us.

PREMIUMS

Premium Payments

The Initial Premium is due on the Policy Effective Date and must be paid while the Insured is alive and before any insurance coverage becomes effective.

All premium payments:

1. Must be paid on or before their due date.
2. Must be paid to us at our Home Office or any administrative office that we maintain.
3. Must be in the currency of the United States of America.
4. May be made by currently dated check or money order made payable to USAA Life Insurance Company, or any other method we accept.

We will issue a receipt upon request.

If the check or other instrument provided for payment of the Initial Premium is not honored, this policy will be deemed void from the beginning. A check or other instrument provided for payment of any premium, which is not honored, will not be considered a payment.

Adjustment of Premiums

The premium is determined by the Premium Class of the Insured as shown on the **PREMIUM SCHEDULE** page. The premium may change because we change the premium for all Insureds in the same Premium Class who are insured under the same policy form. We will give you notice of a change in premium prior to the date the premium is due. The Adjustment of Premium Notice Period is shown on the **PREMIUM SCHEDULE** page.

PREMIUMS (*Cont'd*)

Frequency of Premium Payments	Premiums may be paid at quarterly or monthly intervals, or any other frequency we approve. The charge for different premium payment intervals is shown on the PREMIUM SCHEDULE page. We must consent to any change that results in a premium of less than \$25.
Grace Period	<p>We will allow a 31-day grace period after the premium due date to pay each premium after the Initial Premium. The policy remains in effect during any grace period unless terminated under another policy provision. If a premium is not paid by the end of the grace period, the policy will terminate as of the premium due date. As used here, "premium" means the premium actually billed in the premium notice.</p> <p>If the Insured receives covered care during the grace period, we will reduce any benefits paid for such care by the amount of the premium due.</p>
Refund of Unearned Premium	Upon receipt of written notice of the death of the Insured, we will refund to you the premium paid that applies to that person for any period beyond the end of the policy month in which such death occurred.

REINSTATEMENT

Reinstatement Requirements	<p>If this policy terminates as provided in the Grace Period provision, it may be reinstated at our option. "Reinstatement" means to put this policy's coverage back into effect.</p> <p>We will require:</p> <ol style="list-style-type: none">1. Written application for reinstatement;2. Evidence satisfactory to us that the Insured is insurable; and3. Payment of 2 months' premium.
Effective Date of Reinstatement	<p>Except as provided below, the effective date of reinstatement will be the later of:</p> <ol style="list-style-type: none">1. The date we approve the application for reinstatement; or2. The date we receive any required payment. <p>If you send your completed application, proof that the Insured is insurable, and the correct premium, and we fail to acknowledge your application for reinstatement, your insurance will be reinstated automatically on the 45th day after we receive the last of these requirements.</p> <p>When the reinstatement becomes effective, we will mail to you at your last known address:</p> <ol style="list-style-type: none">1. A copy of the reinstatement application showing the effective date of reinstatement; and2. A copy of any supplemental application which may have been required as evidence of insurability.
Coverage After Reinstatement	<p>If this policy is reinstated, the Insured will be covered only for:</p> <ol style="list-style-type: none">1. accidental injury sustained after the date we approve reinstatement; and2. sickness that begins more than 10 days after the date we approve reinstatement. <p>In all other respects the same rights shall exist as existed under the policy immediately before the due date of the defaulted premium. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.</p>

SUSPENSION OF COVERAGE

Suspension Due to Medicaid Eligibility

If the Insured becomes entitled to medical assistance under Title XIX of the Social Security Act, you may request that the policy be suspended. You must notify us in writing within 90 days after the date the Insured becomes entitled to such assistance. If we receive timely notice, we will suspend the benefits and premiums under the policy for up to 24 months. We will return to you the premium that applies to the period of Medicaid eligibility.

If the Insured loses the right to Medicaid while this policy is suspended, we will automatically reinstitute the policy. The effective date of the reinstituted coverage will be the date the Insured lost the right to Medicaid. You must notify us in writing within 90 days after the date the Insured loses the right to Medicaid. You must also pay the premium due from the effective date of the reinstituted coverage.

Preexisting conditions will be covered. The Insured's premium will be determined as if the policy had not been suspended.

Suspension Due to Group Health Coverage

If the Insured is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act), you may request that the policy be suspended. Upon receipt of your Written Request, we will suspend the benefits and premiums under the policy for the period provided by federal regulation.

If the Insured loses coverage under the group health plan while this policy is suspended, we will automatically reinstitute the policy. The effective date of the reinstituted coverage will be the date the Insured lost coverage under the group health plan. You must notify us in writing within 90 days after the date the Insured loses group health plan coverage. You must also pay the premium due from the effective date of the reinstituted coverage.

Preexisting conditions will be covered. The Insured's premium will be determined as if the policy had not been suspended.

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9800 Fredericksburg Road
San Antonio, Texas 78288

MEDICARE SUPPLEMENT INSURANCE -- PLAN F



9800 Fredericksburg Road
San Antonio, Texas 78288

Application for Medicare Supplement Insurance

Step 1: Verify and complete the following information.

Step 2: Make changes to any incorrect information directly on this form. Initial each change. Disregard if you are applying electronically.

Step 3: Return completed and signed form to USAA Life. Use the provided postage paid envelope. Disregard if you are applying electronically.

NOTE: A person must have coverage under both Medicare Part A and Part B to obtain coverage under this Medicare supplement insurance policy.

Personal Information

The following personal information is about the insured/owner.

USAA Number _____ Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

First Name _____ MI _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Physical/Residence Address ☐ Same as Mailing Address City _____ State _____ Zip Code _____

Residence Phone Number (include area code) _____ ☐ Female ☐ Male
Gender

Are you a U.S. citizen? ☐ Yes ☐ No

Have you smoked one or more cigarettes in the past 12 months? ☐ Yes ☐ No

Product Information

Select the plan you want. Refer to the Outline of Coverage for additional information and contract explanations.

Plan _____

Effective Date of Coverage: Coverage will begin on the date shown in your Medicare supplement policy. If you wish coverage to begin on a particular future date, please specify here:

Date (mm/dd/yyyy) _____

If you are disenrolling from a Medicare Advantage plan (e.g., Medicare HMO), your requested effective date cannot be earlier than the date your status in Original Medicare is reactivated.

USAA Life Insurance Company ▪ (800) 531-8722 ▪ usaa.com

Eligibility Information

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application.

If eligible for guaranteed issue, you will not be asked to provide health information or sign an authorization form that would otherwise be required by the federal Health Insurance Portability and Accountability Act of 1996. The guaranteed issue period ends 63 days after the date your existing coverage is terminated.

PLEASE ANSWER ALL QUESTIONS. (Please mark Yes or No answers with an X.)

To the best of your knowledge,

1. a. Did you turn age 65 in the last 6 months? ☐ Yes ☐ No
b. Did you enroll in Medicare Part B in the last 6 months? ☐ Yes ☐ No
c. If yes, what is the effective date? _____

Please provide your Medicare Claim Number (from your Medicare ID card) _____

2. Are you covered for medical assistance through the state **Medicaid** program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.) ☐ Yes ☐ No
If Yes,
a. Will **Medicaid** pay your premiums for this Medicare supplement policy? ☐ Yes ☐ No
b. Do you receive any benefits from **Medicaid** OTHER THAN payments toward your Medicare Part B premium? ☐ Yes ☐ No

3. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (**for example, a Medicare Advantage plan, or a Medicare HMO or PPO**), fill in your start and end dates. If you are still covered under this plan, leave "END" blank. **Start:** _____ **End:** _____

If you left "End" blank, but are planning to cancel this plan, fill in the proposed cancel date. _____

- a. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? ☐ Yes ☐ No
b. Was this your first time in this type of Medicare plan? ☐ Yes ☐ No
c. Did you drop a Medicare supplement policy to enroll in the Medicare plan? ☐ Yes ☐ No

4. Do you have **another Medicare supplement** policy in force? ☐ Yes ☐ No
- a. If so, with what company? _____
- and what plan do you have? _____
- b. If so, do you intend to replace your current Medicare supplement policy with this policy? ☐ Yes ☐ No
- c. If so, what is the paid-to or expiration date of your policy? _____
-

5. Have you had coverage under **any other health insurance** within the past 63 days? (**For example, an employer, union, or individual plan.**) ☐ Yes ☐ No
- a. If so, with what company? _____
- and what kind of policy? _____
- c. What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank.) Start: _____
- End: _____

If you left "End" blank, but are planning to cancel this policy, fill in the proposed cancel date. _____

Medical Information

If you are applying during open enrollment or the guarantee issue period, these questions are not applicable (N/A).

If you are not applying during open enrollment or the guarantee issue period, any "Yes" answer makes the Insured not eligible for coverage. A knowingly false answer may result in a claim being denied or coverage being cancelled.

NOTE: In the following section, "treatment" means being under physician's care for the condition and includes routine monitoring check-ups and/or taking any medication.

1. Are you currently hospitalized or confined to a nursing facility; or have you been hospitalized two or more times within the past year; or are you currently bedridden or confined to a wheelchair? ☐ Yes ☐ No ☐ N/A
2. Within the past three years, have you been diagnosed with or received treatment for end-stage renal disease or are you an insulin dependent diabetic? ☐ Yes ☐ No ☐ N/A

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☐ Automatic Payment Plan (APP): Allows USAA Life to automatically withdraw your premium payment from your bank account each month and to deposit claim payments into your bank account.
Establish my APP. **(Complete the Automatic Payment Plan Authorization Form.)**

- Diagram illustrating the fields on a check:

 - Name(s) of account holder(s)
 - Name(s) of account holder(s)
 - Financial Institution (must be complete name)
 - Bank Routing Code (nine digits)
 - Bank Account Number: ☐ Checking ☐ Savings

Read and Sign

Important Statements:

- You do not need more than one Medicare supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Fraud Warning:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Agreement:

All statements and answers contained in this application are complete and true as written and are offered as consideration for this insurance. I understand that any misrepresentation contained herein and relied upon by USAA Life Insurance Company may be used to reduce or deny a claim or void the contract within the contestable period and that such misrepresentation materially affects the acceptance of the risk. It is understood that the Company will rely upon the truthfulness of this information to act upon this application. I understand that insurance is not in effect until the Company approves this application.

I certify that I have read or had read to me the completed application and I realize that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

Owner Acknowledgment

I acknowledge that I have read the Important Statements, the Fraud Warning, and the Agreement.

I acknowledge receipt of the Outline of Coverage, Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare and, if applicable, the Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage.

X

Signature of Owner

Date (mm/dd/yyyy)

Agent Statement and Signature: I acknowledge receipt of the Application for Medicare Supplement Insurance. I certify that, to the best of my knowledge, this Medicare supplement policy will not duplicate existing Medicare supplement coverage.

Health policies issued to you by USAA Life which are still in force:

Policy/Contract Number	Product/Plan Type

Health policies issued to you in the past five (5) years by USAA Life which are no longer in force:

Policy/Contract Number	Product/Plan Type	Termination Date

X

Signature of Licensed Agent

Name of Licensed Agent

Date (mm/dd/yyyy)

For Internal Use Only:

☐ New issue ☐ Exchange

REQUEST FOR AMENDMENT OF MEDICARE SUPPLEMENT APPLICATION

USAA LIFE INSURANCE COMPANY

9800 FREDERICKSBURG ROAD SAN ANTONIO, TEXAS 78288

USAA Number _____

Plan of Insurance _____

Date of Application _____

It is hereby requested that the above application be amended as follows:

It is agreed that this amendment, if approved, be made a part of the application and subject to the terms thereof; and that the (Owner/Insured), and/or Proposed Insured, shall provide additional evidence of insurability to apply to amendment and application if required by the rules and practices of the Company on the date of said application.

Request For Amendment Dated At _____
(Residence City & State)

this _____ day of _____, _____
Year

Signature of Owner/Insured



USAA LIFE INSURANCE COMPANY
Outline of Medicare Supplement Coverage - Cover Page: 1 of 2
Benefit Plan(s) A and F are being offered.

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. The plans offered are highlighted. Plans E, H, I and J are no longer for sale.

See Outlines of Coverage sections for details about ALL plans

BASIC BENEFITS:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F	F*	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance		Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible
		Part B Deductible		Part B Deductible		
				Part B Excess(100%)		Part B Excess(100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency

SEE PAGES 3 AND 4 FOR PREMIUM INFORMATION

USAA LIFE INSURANCE COMPANY
Outline of Medicare Supplement Coverage - Cover Page: 2

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$[4620]; paid at 100% after limit reached	Out-of-pocket limit \$[2310]; paid at 100% after limit reached		

* Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2000] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed [\$2000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

SEE PAGES 3 AND 4 FOR PREMIUM INFORMATION

Premium Information

We, the USAA Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. A person's premium is based on the insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker.* Rates are reviewed periodically and are subject to change.

NON-CIGARETTE SMOKERS

PLAN A Initial Premiums Per Person Non-Cigarette Smokers			PLAN F Initial Premiums Per Person Non-Cigarette Smokers		
<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>
(Automatic Payment Plan)			(Automatic Payment Plan)		
65+	114.07	348.92	65+	142.63	436.28

***IF YOU ARE A SMOKER AND IT HAS BEEN SIX MONTHS OR LESS SINCE YOU ENROLLED IN
MEDICARE PART B OR YOU ARE IN A GUARANTEED ISSUE PERIOD, THEN NON-SMOKER RATES APPLY TO YOU.**

Premium Information

We, the USAA Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. A person's premium is based on the insured's residence at the time of issue, as shown in the Premium Age Brackets, and whether or not a smoker.* Rates are reviewed periodically and are subject to change.

CIGARETTE SMOKERS

PLAN A Initial Premiums Per Person Cigarette Smokers			PLAN F Initial Premiums Per Person Cigarette Smokers		
<u>AGE</u>	<u>MONTHLY</u> (Automatic Payment Plan)	<u>QUARTERLY</u>	<u>AGE</u>	<u>MONTHLY</u> (Automatic Payment Plan)	<u>QUARTERLY</u>
65+	125.46	383.76	65	156.57	478.92

***IF YOU ARE A SMOKER AND IT HAS BEEN SIX MONTHS OR LESS SINCE YOU ENROLLED IN
MEDICARE PART B OR YOU ARE IN A GUARANTEED ISSUE PERIOD, THEN NON-SMOKER RATES APPLY TO YOU.**

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to **USAA Life Insurance Company, 9800 Fredericksburg Road, San Antonio, Texas 78288**. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Limitations/Exclusions

Unless specifically stated otherwise, the policy does not cover or pay for any health care, treatment, service, or supply that is not covered under Medicare or for which Medicare makes no payment, nor will the policy duplicate any benefit paid by Medicare.

Policy Replacement

If you are replacing another health insurance policy, do **NOT** cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither USAA Life Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

Termination

Coverage under this policy will end the date you tell us to cancel your insurance, but not earlier than the date we receive your request.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely any required questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Renewability

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class.

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN A		PLAN F	
		Plan Pays	You Pay	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$1100 All but \$275 a day All but \$550 a day \$0 \$0	\$0 \$275 a day \$550 a day 100% of Medicare eligible expenses \$0	\$1100 (Part A Deductible) \$0 \$0 \$0** All costs	\$1100 (Part A Deductible) \$275 a day \$550 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days 21st through 100th day 101st day and after	All approved amounts All but \$137.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$137.50 a day All costs	\$0 Up to \$137.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN A		PLAN F	
		Plan Pays	You Pay	Plan Pays	You Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment --First <u>\$155</u> of Medicare approved amounts* --Remainder of Medicare approved amounts	\$0 Generally 80%	\$0 Generally 20%	<u>\$155</u> (Part B Deductible) \$0	<u>\$155</u> (Part B Deductible) Generally 20%	\$0 \$0
Part B excess charges (above Medicare approved amounts)	\$0	\$0	All costs	100%	\$0
BLOOD First 3 pints Next <u>\$155</u> of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 <u>\$155</u> (Part B Deductible) \$0	All costs <u>\$155</u> (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES- TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PART A and B

SERVICES	MEDICARE PAYS	PLAN A		PLAN F	
		Plan Pays	You Pay	Plan Pays	You Pay
HOME HEALTH CARE					
MEDICARE APPROVED SERVICES					
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
--Durable medical equipment					
First [\$155] of Medicare approved amounts*	\$0	\$0	[\$155] (Part B Deductible)	[\$155] (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN A		PLAN F	
		Plan Pays	You Pay	Plan Pays	You Pay
FOREIGN TRAVEL-NOT COVERED BY MEDICARE					
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
--First [\$250] each calendar year	\$0	\$0	All costs	\$0	[\$250]
--Remainder of charges	\$0	\$0		80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

SERFF Tracking Number:	UNSA-126278099	State:	Arkansas
Filing Company:	USAA Life Insurance Company	State Tracking Number:	44162
Company Tracking Number:	AR0912227		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	2010 MedSupp Modernization		
Project Name/Number:	2010 MedSupp Modernization/DEV029633		

Rate Information

Rate data applies to filing.

Filing Method:	review and approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	4.220%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	0

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
USAA Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>UNSA-126278099</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44162</i>
<i>Company Tracking Number:</i>	<i>AR0912227</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>2010 MedSupp Modernization</i>		
<i>Project Name/Number:</i>	<i>2010 MedSupp Modernization/DEV029633</i>		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 01/12/2010	Rate Sheet - Plan A	MSM93726AR 06-10	New		Corrected AR Rate Sheet Plan A.pdf
Approved 01/05/2010	Rate Sheet - Plan F	MSM93727AR 06-10	New		Rate Sheet Plan F.pdf

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN A
ARKANSAS**

PROPOSED RATES EFFECTIVE 06/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	118.83	363.48	130.73	399.88

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN F
ARKANSAS**

PROPOSED RATES EFFECTIVE 06/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	142.63	436.28	156.57	478.92

SERFF Tracking Number:	UNSA-126278099	State:	Arkansas
Filing Company:	USAA Life Insurance Company	State Tracking Number:	44162
Company Tracking Number:	AR0912227		
TOI:	MS081 Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS081.001 Plan A 2010
Product Name:	2010 MedSupp Modernization		
Project Name/Number:	2010 MedSupp Modernization/DEV029633		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Accepted for Informational Purposes	01/05/2010
Comments:		
Attachment:		
Certificate of Readability.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved	01/05/2010
Comments:		
Please see Form Schedule tab.		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved	01/05/2010
Comments:		
Please see Form Schedule tab.		

	Item Status:	Status
		Date:
Satisfied - Item: Statement of Variability	Accepted for Informational Purposes	01/05/2010
Comments:		
Attachment:		
Statement of Variability.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Accepted for Informational	01/05/2010

<i>SERFF Tracking Number:</i>	<i>UNSA-126278099</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44162</i>
<i>Company Tracking Number:</i>	<i>AR0912227</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2010 MedSupp Modernization</i>		
<i>Project Name/Number:</i>	<i>2010 MedSupp Modernization/DEV029633</i>		

Purposes

Comments:

Attachment:

Filing Description - Cover Letter.pdf

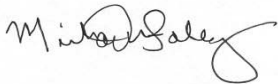
CERTIFICATE OF READABILITY
Arkansas

FORM NAME	FORM NUMBER	FLESH SCORE
Medicare Supplement Insurance-Plan A	MSM93726AR 06-10	53
Medicare Supplement Insurance-Plan F	MSM93727AR 06-10	52
Request for Amendment of Medicare Supplement Application	MSM91996ST 06-10	82
Application for Medicare Supplement Insurance	MSM93637AR 06-10	45
Outline of Medicare Supplement Coverage	MSM93738AR 06-10	51

The print is twelve point type one point leaded.

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas.



Michael Foley
AVP Insurance Compliance
USAA

USAA LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT
Statement of Variability

Medicare Supplement Insurance Plan A

MSM93726AR 06-10

- Signatures are bracketed, indicating a variable field that allows for signature changes should USAA Life Insurance Company change the President of the Company and/or the Secretary of the Company.
- The phone number on page one is bracketed to allow a change of phone number should USAA Life Insurance Company change the phone number.

Medicare Supplement Insurance Plan F

MSM93727AR 06-10

- Signatures are bracketed, indicating a variable field that allows for signature changes should USAA Life Insurance Company change the President of the Company and/or the Secretary of the Company.
- The phone number on page one is bracketed to allow a change of phone number should USAA Life Insurance Company change the phone number.

Application for Medicare Supplement Insurance

MSM93637AR 06-10

- The phone number and the address on the first page are bracketed to allow a change of phone number and address should USAA Life Insurance Company need to change the phone number and address.

Outline of Coverage

MSM93738AR

- 06-10 Premium amounts are bracketed as variable since they may change each year if we file and receive approval of rate adjustments.
- Deductibles and co-payment amounts are bracketed as variable since they may change each year based on federal Medicare program changes.
- RATES EFFECTIVE: MM/DD/YYYY (in blank spaces) is bracketed on the top of page 1 should USAA use this to send out an Outline of Coverage systematically. The systems logic will need to be set up, but if our systems do not have the logic set up by June 1, 2010 we may not use RATES EFFECTIVE: MM/DD/YYYY until a later date.

Contract Data Schedule (page 3)

MSM93726AR 06-10 & MSM93727AR 06-10

Variability changes in the Contract Data Schedule

USAA NUMBER - [1234 56 78]

- The number will change as each insured is assigned a number for identification purposes.

POLICY NUMBER - [W1234567890]

- The number will change as each insured receives a policy number.

POLICY EFFECTIVE DATE - [JUNE 1, 2005]

- The effective date will change as each insured has a different policy effective date.

INSURED - [JOHN DOE]

- The name will change to reflect each insured's name.

DATE OF BIRTH - [MAY 15, 1940]

- The date of birth will change to reflect each insured's date of birth.

AGE - [65]

- The age will change to reflect each insured's age.

GENDER - [MALE, Female]

- The gender will change to reflect each insured's gender.

SMOKER - [Yes, No, NA]

- The response for smoker will change as to whether an insured is a smoker or not will. NA will be used when a smoker does not apply such as MGI or open enrollment.

OWNER - [JOHN M. DOE]

- The Owner of the policy will change to reflect the Owner's name

Form Numbers

Description

[MSM93726AR 06-10]	[MEDICARE SUPPLEMENT PLAN A]
[MSM93727AR 06-10]	[MEDICARE SUPPLEMENT PLAN F]
[MSMXXXXXXST XX-XX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]
[MSMXXXXXXST XX-XX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]
[MSMXXXXXXST XX-XX]	[MEDICARE SUPPLEMENT P MEDICARE ENDORSEMENT]

- The bracketed area for form numbers and description are for future use. If a new endorsement is required by the Department the form numbers and description will reflect the change.

Premium Schedule (page 4)

MSM93726AR 06-10 & MSM93727AR 06-10

Variability changes in the Premium Schedule

USAA NUMBER - [1234 56 78]

- The number will change as each insured is assigned a number for identification purposes.

POLICY NUMBER - [W1234567890]

- The number will change as each insured receives a policy number.

INITIAL PREMIUM:

QUARTERLY	MONTHLY (AUTOMATIC PAYMENT PLAN)	CURRENT FREQUENCY OF PAYMENT
[\$257.28]	[\$85.97]	[MONTHLY APP]
<ul style="list-style-type: none"> • The premium will change as each insured chooses a method of payment and due to any possible rate change. 		

PREMIUM CLASS:

[Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form.]

- The premium class is bracketed for future use in the event the Department or USAA Life Insurance company change the premium class to any of the following:
 1. Premium Class is based on the Insured's residence at the time of issue and age as of the Policy Effective Date. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form.
 2. Premium Class is based on the Insured's residence at the time of issue and age as shown in the Premium Age Brackets. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form.
 3. Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets, and whether or not a smoker.
 4. Premium Class is based on the Insured's residence at the time of issue and age as of the Policy Effective Date.
 5. Any other change not listed, but required by the department, or any submitted change by USAA Life Insurance Company approved by the Department.

PREMIUM AGE BRACKET:

[Premium Age Brackets for this insurance are: Age 65 and over.]

- The ages are bracketed for future use in the event the Department or USAA Life Insurance company change the age brackets to any of the following:
 1. Premium Age Brackets for this insurance are: Age 00-64 (Plan A Only), Age 65, Age 66, Age 67, Age 68, Age 69, Age 70, Age 71, Age 72, Age 73, Age 74, Age 75, Age 76, Age 77, Age 78, Age 79, Age 80, Age 81, Age 82, Age 83, Age 84, Age 85 and over.
 2. Premium Age Brackets for this insurance are: *Age 65, Age 66, Age 67, Age 68, Age 69, Age 70, Age 71, Age 72, Age 73, Age 74, Age 75, Age 76, Age 77, Age 78, Age 79, Age 80, Age 81, Age 82, Age 83, Age 84, Age 85 and over.*
 3. Premium Age Brackets for this insurance are: Age 00-64, Age 65 and over.
 4. Premium Age Brackets for this insurance are: Age 00-64 (Plan A Only), Age 65 and over.
 5. Premium Age Brackets for this insurance are: Age 65-69, Age 70-74, Age 75-79, Age 80-84, Age 85 and over.
 6. Premium Age Brackets for this insurance are: Age 00-64, Age 65-69, Age 70-74, Age 75-79, Age 80-84, Age 85 and over.
 7. Premium Age Brackets for this insurance are: Age 00-64, Age 65, Age 66, Age 67, Age 68, Age 69, Age 70, Age 71, Age 72, Age 73, Age 74, Age 75, Age 76, Age 77, Age 78, Age 79, Age 80, Age 81, Age 82, Age 83, Age 84, Age 85 and over.
 8. Any other change not listed, but required by the department, or any submitted change by USAA Life Insurance Company approved by the Department.

ADJUSTMENT OF PREMIUM NOTICE PERIOD –
[30] DAYS

- The number of days is bracketed for future use in the event that the Department changes the number of days to any of the following:
 1. 45 Days
 2. 60 Days
 3. Any other number of days not listed, but required by the department.

USAA Life Insurance Company
Statement of Variability



9800 Fredericksburg Road
San Antonio, Texas 78288

November 23, 2009

RE: USAA Life Insurance Company / NAIC # 200-69663 / FEIN#74-147662

Medicare Supplement Insurance- NAIC Medicare Supplement Insurance Minimum Standards Model Act Filing
2010 Medicare Supplement Modernization- Form/Rate Filing

<u>Form Number</u>	<u>Description</u>	<u>New</u>
MSM933637AR 06-10	Application for Medicare Supplement Insurance	New
MSM93738AR 06-10	Outline of Coverage	New
MSM91996ST 06-10	Application Amendment Form	New
MSM93726AR 06-10	Medicare Supplement Insurance – Plan A	New
MSM93727AR 06-10	Medicare Supplement Insurance – Plan F	New

The above captioned forms are enclosed for your review and approval. USAA Life Insurance Company is submitting this filing package in order to comply with your adoption of the NAIC Medicare Supplement Insurance Minimum Standards Model Act authorized by the federal Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). In addition we are aware of the GINA requirements (Genetic Information Nondiscrimination Act of 2008), but as we do not use genetic testing or information in our eligibility or underwriting process, we have no action on our part.

We will sell Plan A and Plan F as our "2010" Plans and continue to maintain our existing OBRA 90 contract in force.

The new premiums for our new 2010 Plan A and Plan F are included for review. We have attached the rates, actuarial memorandum, actuarial certification, and Arkansas methodology.

SUMMARY OF FORMS

Usage /explanation are as follows:

1. Application MSM93637AR 06-10 is new.
 - Used to apply for our Medicare Supplement policies by applicants who are in their first 6 months of Medicare eligibility (open enrollment period).
 - Used to apply for our Medicare Supplement policies by applicants who are not in their open enrollment period, or who might have guaranteed issue rights under federal law and Arkansas regulations.
 - Used for conversion /exchanges of existing policies.
 - Does not contain any preexisting condition or creditable coverage wording since we have eliminated this limitation and no longer apply it to Medicare supplement policies.
 - Includes required statements and questions for application forms
 - Includes specific questions to determine eligibility for guaranteed issue, medical questions are included to be answered only if an applicant is not in their open enrollment and not determined to be guaranteed issue
2. Outline of Coverage MSM93738AR 06-10 is new.
 - The modifications to the Outline of Coverage reflect your adoption of the NAIC Medicare Supplement Insurance Minimum Standards Model requirements.



3. Application Amendment Form MSM91996ST 06-10 is new.
 - Used to correct application information, as needed. Will be attached to the policy mailed to the applicant showing the correction made by the applicant.
4. Medicare Supplement Insurance – Plan A MSM93726AR 06-10
 - The policy reflect(s) compliance with applicable Arkansas laws and regulations.
5. Medicare Supplement Insurance - Plan F MSM93727AR 06-10
 - The policy reflect(s) compliance with applicable Arkansas laws and regulations.

We have marked certain items with brackets to show that the values or wording inside the brackets are subject to change. We have enclosed a Statement of Variability to explain those potential changes.

We appreciate your attention to this filing. If you have any questions please contact me at 1-800-531-8722, direct 210-844-4376, or email to rosanna.tenorio@usaa.com.

Sincerely,

A handwritten signature in cursive script that reads "Rosanna Tenorio".

Rosanna Tenorio
Compliance Analyst
USAA Insurance Compliance

<i>SERFF Tracking Number:</i>	<i>UNSA-126278099</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>USAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44162</i>
<i>Company Tracking Number:</i>	<i>AR0912227</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>2010 MedSupp Modernization</i>		
<i>Project Name/Number:</i>	<i>2010 MedSupp Modernization/DEV029633</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/23/2009	Rate and Rule	Rate Sheet - Plan A	01/07/2010	Rate Sheet Plan A.pdf (Superceded)
08/24/2009	Supporting Document	Flesch Certification	11/24/2009	Certificate of Readability.pdf (Superceded)

**USAA INSURANCE COMPANY
APPENDIX B**

**RATE SHEET
MEDICARE STANDARDIZED PLAN A
ARKANSAS**

PROPOSED RATES EFFECTIVE 06/01/2010

Attained Age	Monthly APP	NON-SMOKER QTRLY	Monthly APP	SMOKER QTRLY
Uni-Age	114.07	348.92	125.46	383.76

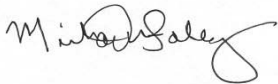
CERTIFICATE OF READABILITY
Arkansas

FORM NAME	FORM NUMBER	FLESH SCORE
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The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Oklahoma.



Michael Foley
AVP Insurance Compliance
USAA